| PATENT | <b>APPLICATION</b> | FEE   | <b>DETERMINATIO</b> | N RECORD |
|--------|--------------------|-------|---------------------|----------|
|        | Effective          | e Oct | oher 1 2001         |          |

CLAIMS AS FILED - PART I

**Application or Docket Number** 

72216

| (Column 1) (Column 2)  |                                 |  |                           |                                       |           |                  |        | SMALL ENTITY TYPE   |                        | OTHER THAN<br>OR SMALL ENTITY |                                |                        |           |
|--|---------------------------------|--|---------------------------|---------------------------------------|-----------|------------------|--------|---------------------|------------------------|-------------------------------|--------------------------------|------------------------|-----------|
| TOTAL CLAIMS   |                                 | 1  |                           |                                       | * 44      |                  | RATE   | FEE                 | )                      | RATE                          | FEE                            |                        |           |
| FOR NUMBER FILED NUMBER  |                                 |  |                           | ER EXTRA                              |           | BASIC FEE        |        | OR                  | BASIC FEE              |                               |                                |                        |           |
| TOTAL CHARGEABLE CLAIMS // minus 20= *                                   |                                 |  |                           |                                       |           | Ì                | X\$ 9= |                     | OR                     | X\$18=                        |                                |                        |           |
| INDEPENDENT CLAIMS minus 3 =   |                                 |  |                           |                                       |           |                  |        | X42=                |                        |                               | X84=                           |                        |           |
| MULTIPLE DEPENDENT CLAIM PRESENT   |                                 |  |                           |                                       |           |                  |        |                     |                        | OR                            |                                |                        | AVAILABLE |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |                                 |  |                           |                                       |           |                  | +140=  |                     | OR                     | +280=                         | m lie                          | 5                      |           |
| CLAIMS AS AMENDED - PART II  OTHER THAN                                  |                                 |  |                           |                                       |           |                  |        |                     |                        |                               | 8                              |                        |           |
| _  | Çmaçı qəsəsiyə iş tə saniyayını | (Column 1)   | garation to the supple of | (Column                               | 12)       | (Column 3)       |        | SMALL               | ENTITY                 | OR                            | SMALL                          |                        | 2         |
| AMENDMENT'A.   |                                 | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                      |                           | HIGHES<br>NUMBE<br>PREVIOU<br>PAID FO | R<br>SLY  | PRESENT<br>EXTRA |        | RATE                | ADDI-<br>TIONAL<br>FEE |                               | RATE                           | ADDI-<br>TIONAL<br>FEE | COPY      |
| NDR  | Total                           | • 17   | Minus                     | ** 5                                  | <u>(0</u> | -                |        | X\$ 9=              |                        | OR                            | X\$18=                         |                        | 2         |
| AME  | Independent                     | * STATION OF MI  | Minus                     | ***                                   | 3         |                  |        | X42= .              |                        | OR                            | X84=                           |                        |           |
|  | 11110171202                     | INTARION OF WI   | DETIFIE DEF               | ENDENT C                              | LAIN      |                  | ال     | +140=               |                        | OR                            | +280=                          |                        |           |
|  |                                 |  |                           | · · •                                 | •         |                  | 1      | TOTAL<br>ADDIT, FEE |                        |                               | TOTAL<br>ADDIT, FEE            |                        |           |
|  |                                 | (Column 1)   |                           | (Column                               |           | (Column 3)       |        | ADDIT! LE           |                        | 2                             | ADDI1.1 EE                     |                        |           |
| AMENDMENT B  |                                 | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                      |                           | HIGHES<br>NUMBE<br>PREVIOU<br>PAID FO | R         | PRESENT<br>EXTRA |        | RATE                | ADDI-<br>TIONAL<br>FEE |                               | RATE                           | ADDI-<br>TIONAL<br>FEE |           |
| NDN  | Total                           | *  | Minus                     | **                                    |           | =                |        | X\$ 9=              |                        | OR                            | X\$18=                         |                        |           |
| AME  | Independent                     | *  | Minus                     | ***                                   |           | <u> -</u>        |        | X42=                |                        | OR                            | X84=                           |                        |           |
| _  | FIRST PRESE                     | NTATION OF MI  | JUIPLE DEP                | ENDENTO                               | LAIM      |                  | J      | +140=               |                        | OR                            | +280=                          |                        |           |
|  |                                 |  |                           |                                       |           | •                | ŧ      | TOTAL               |                        | OR                            | TOTAL                          |                        |           |
|  |                                 | (Column 1)   |                           | (Column                               | 2)        | (Column 3)       |        | ADDIT, FEE          |                        | 1011                          | ADDIT. FEE                     |                        |           |
| AMENDMENT C  |                                 | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                      |                           | HIGHES<br>NUMBE<br>PREVIOU<br>PAID FO | R<br>SLY  | PRESENT<br>EXTRA |        | RATE                | ADDI-<br>TIONAL<br>FEE |                               | RATE                           | ADDI-<br>TIONAL<br>FEE |           |
| NON  | Total                           | *  | Minus                     | **                                    |           | ÷                |        | X\$ 9=              |                        | OR                            | X\$18=                         |                        |           |
| AME  | Independent                     | *  | Minus                     | ***                                   |           | <b>=</b> -       |        | X42=                |                        | OR                            | X84=                           |                        |           |
| _  | FIRST PRESE                     | NTATION OF M   | ULTIPLE DEP               | ENDENT C                              | LAIM      |                  |        |                     |                        |                               |                                |                        |           |
| •  | If the entry in colu            | mn 1 is less than th   | ne entry in colu          | mn 2, write "(                        | o in col  | lumn 3.          |        | +140=<br>TOTAL      |                        | OR                            | +280=                          |                        |           |
| ***  | 'If the "Highest Nu             | mber Previously Pa<br>mber Previously Pa<br>nber Previously Pa | aid For" IN THIS          | S SPACE is I                          | ess tha   | n 3, enter "3."  |        | ODIT. FEE           | propriate bo           |                               | TOTAL<br>ADDIT. FEE<br>lumn 1. | · · · ·                |           |